

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | BBF | 71891 | 8/16 |
| O.I.P.E. CLASSIFIER | | 10 | 8-18-99 |
| FORMALITY REVIEW | 70611 | | 8/27/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ N |
| 8 | N |
| 9 | N |
| 10 | N |
| 11 | N |
| 12 | N |
| 13 | N |
| 14 | N |
| 15 | N |
| 16 | N |
| 17 | ✓ N |
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE

| Claim | Date |
|----------|------|
| Final | |
| Original | |
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